Patient Care Review

By:
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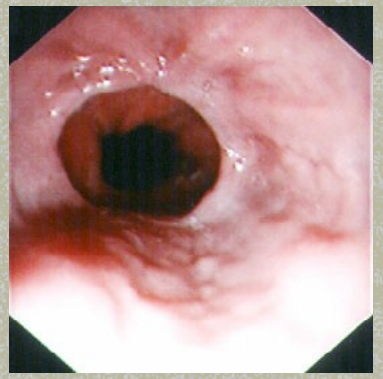
Dietetic Intern

Patient Selection: Mr. O

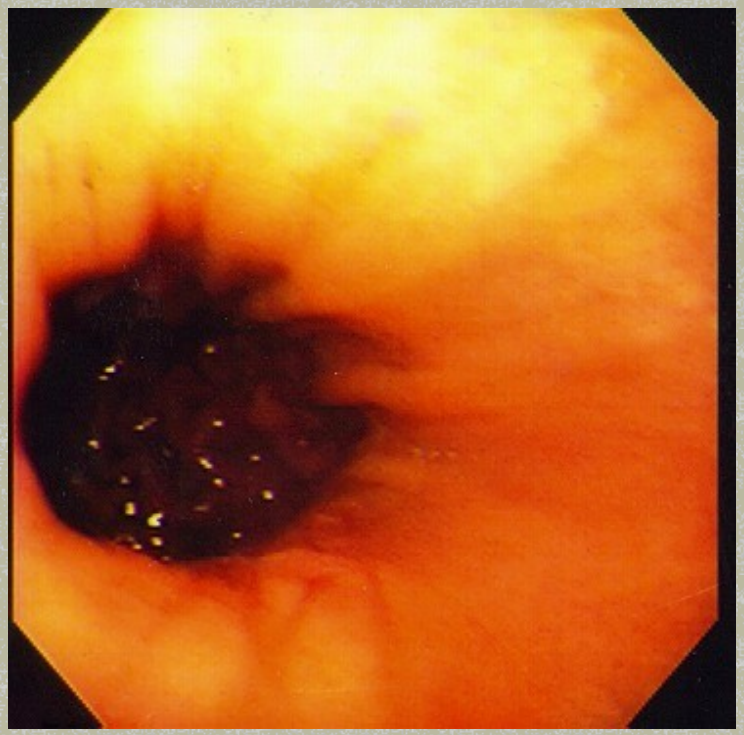
- Age: 84 yrs. Sex: Male (Hispanic)
- Date of Admission: 08 MAY 00
- Reason of Admit: PEG Placement;
- Chief complaints: trouble swallowing foods, foods getting stuck in esophagus, angina, and constipation.
- Diagnosis: Nonspecific Esophageal Aperistolsis

Nonspecific Esophageal Aperistalsis

- A neurogenic esophageal disorder of unknown etiology impairing peristalsis and lower esophageal sphincter relaxation.
- Common between 20-40
- Esophageal web



Incompetent lower esophageal sphincters, gape open rather than closing completely.



Medical Tx

- Active illnesses: DM x 40 yrs., HTN, CAD, hypercholesterolemia
- Past medical hx: MI x 3, DJD
- Past surgical hx: 3v cabg Nov 98
- Social hx: Lives with wife, non-ambulatory.

Diet order

- Admission: 2 cans of ensure + water for meals (wasn’t drinking ensure)
- Actual diet: 2 cans Ensure with regular meals (unable to eat)
- Reported intake: 1-2 cans Glucerna

Physical Exam

- Poor po intake, dysphagia (Nov 98), lethargic, cachectic.
- Ht: 69 in. Wt. 44.8kg UBW: 64kg
- Desirable Wt. 63-76 kg MHWT

- %DBW: 69% (severe malnutrition)
- %UBW: 69%

Meds

- D5.45NS @ 75 cc/hr (306 kcal)
- Dilantin: Anticonvulsant
- MVI, Iron, and Epogen
- Colace, Lactulose, Metamucil
- Insulin

Labs

- 18 May:
  - **Glu: 194** **PO4: 1.6mg/dl**
- 16 May:
  - **Na: 130 mEq/**l Cl: 98 mEq/l
  - K: 4.2 mEq/l **Glu: 306**
- 12 May:
  - **PO4: 1.9mg/dl** **Alb: 2.8g/dl**

Nutrient Needs

- Est. Kcal needs: 1200-1300 kcals for maintenance.
- Est. Protein needs: 54-67 g/d (1.2-1.5 g/kg)

Nutrition Diagnostic Statement

- Pt is at continued risk for morbidity from clinically significant malnutrition secondary to poor po intake, dysphagia, significant wt loss of 29% in 6 months, low albumin, and cachectic appearance.

Continued:

- Nutrition support is indicated since pt is unlikely to consume adequate intake to maintain his current poor nutrition status. PPN is the best method for access for short term use, if tolerated, until PEG is ready for use.

MNT Care Plan

- Goal of Therapy
  - To provide adequate nutrition to prevent increased risk of morbidity and mortality. Eventually, increase kcals-anabolism to improve nutrition status.

Recommendation

- #1 Dobbhoff feeding tube
- #2 1.8 L/d of standard PPN with 20 units of REG Insulin to replace IVF until PEG feeding is established.

PPN Order (standard PPN)

- Infusion volume: 1800 ml
- Infusion rate: 75 ml/hr
- Kcals: 1182
- Dextrose: 338 kcal (99g)
- Protein: 200 kcal (50g)
- Fat: 630 kcal (63g)

Continued

- Once PEG is in place, initiate feeding with Promote at 20 ml/hr and advance rate by 10 ml every 8 hrs, as tolerated, to goal rate of 60 ml/hr over 20 hrs. (1.3 L/d, 1200 kcal/d, 74 g protein/d) Fluid needs.